

De Paul Intensive Learning School

HOSTEL ADMISSION FORM

1. STUDENT'S DATA:

Name: : _____

Gender : Male / Female

School : _____

Class & Div. : _____

Date of Birth : _____

Cell Phone No : _____

E-mail : _____

DILS_ID : _____

Permanent Address: _____

Postal Address: _____

Affix stamp size photo

2. PARENTS' DATA:

Father / Guardian Name : _____

Occupation : _____

Cell Phone No. : _____

Residence Phone No. : _____

E-mail : _____

Office No. : _____

Permanent Address : _____

3. MEDICAL RECORD:

a. Are you having any medical problem? Yes/No

b. If yes, specify the disease you are suffering from: _____

c. Any medicine being used regularly: _____

Blood Group: _____

4. PERSON TO CONTACT IN CASE OF EMERGENCY

Name : _____

Relationship : _____

H/Phone No : _____

House No : _____ Office No: _____

5. RELATIVES / VISITORS

DILS does not allow any visitor in the premises of the Hostels. For students, the parents may nominate three names below, who after verification at the DILS Main reception may meet the student on campus outside the Hostel.

a. Name: _____ Relation: _____

b. Name: _____ Relation: _____

c. Name: _____ Relation: _____

Code of Conduct

1. All residents are required to carry their valid identity card issued to them by the DILS.
2. Residents must ensure that the doors are locked and all electrical switches are switched off when not in use.
3. The responsibility for overall cleanliness of their unit lies with the residents.
4. All residents are expected to be in the hostel before 07.00 pm and residents who wishes to be away from the hostel after that time, must obtain prior permission from the rector.
5. All visitors must register at the security station upon arrival and departure. No visitors are allowed after 9.0 0 pm
6. Residents are strictly prohibited from admitting strangers or persons of the opposite sex (except parents/guardians) into the hostel room.
7. Only immediate family members can visit the resident. The resident must inform and seek approval from rector.
8. Residents are personally responsible for ensuring all visitors comply with the rules and regulations and they would not cause any inconvenience to other residents
9. Visitors are strictly prohibited from staying overnight
10. Residents must seek prior approval to leave the hostel at any other times
11. Residents are not permitted to give their hostel keys to any other person to use while they are away. Residents found committing such an offence will be evicted
12. Smoking, consumption of alcohol and drugs are strictly prohibited
13. Gambling/gaming which involves betting is strictly not allowed within the hostel premises
14. Vandalism or removing hostel/university property is a very serious offence. Residents found guilty can or will be evicted from the residence. The cost of making good any items vandalized will be charged accordingly to the resident
15. Viewing, possession and or dissemination of pornographic materials are strictly prohibited
16. Residents found causing embarrassment, unsolicited compliments, sexually tainted jokes, spreading false rumours will be evicted from the residence
17. Fighting or any physical violence is not allowed. Residents found committing such an offence will be evicted
18. Residents must obtain prior permission before organizing any social events in the hostel
19. The DILS reserves the right to alter, amend, add or delete any of the rules and regulations at anytime without prior notice.
20. The DILS reserves the right for its designees to enter and inspect a residence in the interests of safety and proper conduct of the students. Entry can be made at any time, whether or not the students are present, and without prior notice to the students.

NOTE:

I confirm and agree that I have read the Code of Conduct and shall abide with the said Hostel Code of Conduct. In the event I fail to make payments for two (2) consecutive months, I hereby agree that the DILS can terminate my accommodation contract and request me to vacate the hostel premises immediately.

I agree that I will not take any action against DILS in the event the above action is taken against me as a result of default in payment.

Student's Name : _____ DILS_ID: _____

Signature : _____ Date : _____

Witness by Parent/Guardian:

Name : _____

Signature : _____ Date : _____